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JUL 18 1988

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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USE TYPEWRITER OR BALLPOINT PEN

JUN 14 1988

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

Department of Water Resources

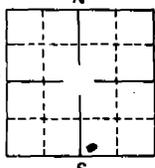
1. WELL OWNER
 Name State of Idaho
 Address _____
 Owner's Permit No. 01-88-Z-027

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

4. METHOD DRILLED
 Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION
 Casing schedule: Steel Concrete Other _____
 Thickness _____ inches Diameter _____ inches + _____ feet _____ feet
 _____ inches _____ inches _____ feet _____ feet
 _____ inches _____ inches _____ feet _____ feet
 _____ inches _____ inches _____ feet _____ feet
 Was casing drive shoe used? Yes No
 Was a packer or seal used? Yes No
 Perforated? Yes No
 How perforated? Factory Knife Torch
 Size of perforation _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Gravel packed? Yes No Size of gravel _____
 Placed from _____ feet to _____ feet
 Surface seal depth _____ Material used in seal: Cement grout
 Bentonite Puddling clay _____
 Sealing procedure used: Slurry pit Temp. surface casing
 Overbore to seal depth
 Method of joining casing: Threaded Welded Solvent
 Weld _____
 Cemented between strata
 Describe access port _____

6. LOCATION OF WELL
 Sketch map location must agree with written location.

 Subdivision Name _____
 Lot No. _____ Block No. _____
 County Elmore
SW 1/4 SE 1/4 Sec. 9, T. 3 N/S, R. 6 E/W.

7. WATER LEVEL
 Static water level 1105 feet below land surface.
 Flowing? Yes No G.P.M. flow _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by: Valve Cap Plug
 Temperature _____ °F. Quality _____
 Describe artesian or temperature zones below.

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	195	200	gray lava		
	200	205	Brown cinders	X	
	205	228	gray lava		
	228	240	gray cinders + talc	X	
	240	250	Brown cinders		
	250	278	gray lava		
	278	300	Red cinders	X	
300	425	last return gray lava	X		

10. Work started May 31, 1988 finished June 1, 1988

11. DRILLERS CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name Niddleston's Firm No. 35
 Address Mt. Home, Id. Date June 1, 1988
 Signed by (Firm Official) Mark S. Niddleston
 and
 (Operator) Mark S. Niddleston

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JUN 22 1988

Department of Water Resources Western Regional Office